

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 1,291,058,291,3	FILING DATE					
							APPLICANT(S)						
12/6/04 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		0		0		
2	1		1				52		0		0		
3	1		1				53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7		6					57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		3		3			69						
20		3		3			70						
21		3		3			71						
22		3		3			72						
23	1		1				73						
24	1		1				74						
25		2		2			75						
26		0		0			76						
27		1		1			77						
28		2		2			78						
29		1		1			79						
30		3		3			80						
31		0		1			81						
32		2		2			82						
33	1		1				83						
34		1		1			84						
35	1		1				85						
36	1		1				86						
37	1		1				87						
38		1		1			88						
39	1		1				89						
40		1		1			90						
41	1		1				91						
42	1		1				92						
43	1		1				93						
44	1		1				94						
45	1		1				95						
46	1		1				96						
47	1		1				97						
48		2		0			98						
49		2		0			99						
50		2		0			100						
TOTAL IND.	50		50				TOTAL IND.	0		0			
TOTAL DEP.	33		49				TOTAL DEP.	0		2			
TOTAL CLAIMS	83		99				TOTAL CLAIMS	0		2			